

TRANSMITTAL FORM 		Application No.:	10/017,304
		Filing Date:	12/11/2001
		First Named Inventor:	Yao Wang
		Confirmation No.:	
		Group Art Unit	2143
		Examiner:	England, David E.
		Customer No.	24227
Total Number of Pages in this Submission: 16		Docket No.	EMC-01-201

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Authorization for the Commissioner to charge Deposit Account No. 05-0889 for fees associated with this transaction (in duplicate)	<input type="checkbox"/> Assignment Recordation Cover Sheet <input type="checkbox"/>	<input type="checkbox"/> Petition for Revival of an Unintentionally Abandoned Application [37 CFR 1.137(b)] (in duplicate)
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Declaration/Power of Attorney <input type="checkbox"/> Copy of Notice to File Missing Parts of Nonprovisional Application <input type="checkbox"/> Revocation of Power of Attorney	<input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> Form PTOL-85B, Part B -Issue Fee Payment Transmittal," (in duplicate) <input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Decl.	<input type="checkbox"/>	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Extension of Time Request for 2 Months	<input type="checkbox"/> Formal Drawings <input type="checkbox"/> Letter to Official Draftsperson with three (3) sheets of redlined changes to drawings	<input checked="" type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Certificate of First Class Mailing
<input checked="" type="checkbox"/> Request for Continued Examination Transmittal <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Copy of PTO 948, "Notice of Draftsperson's Patent Review" <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Additional Enclosures:	<input type="checkbox"/> Certificate of Express Mail Mailing <input checked="" type="checkbox"/> Postcard

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Carl A. Giordano
1/20/2006

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CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8]

I hereby certify that this correspondence and the above-referenced enclosures are being:

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Date

Carl A. Giordano
1/20/2006

Signature

Carl A. Giordano

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JAN 28 2006
FEE TRANSMITTAL
Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
*1450***Complete If Known**

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Filing Date	12/11/2001
First Named Inventor	Yao Wang
Examiner Name	England, David E.
Art Unit	2143
Attorney Docket No.	EMC-01-201

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 05-0889 Deposit Account Name: **EMC Corporation**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	<u>1000.00</u>
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims**Extra Claims** **Fee (\$)** **Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Petition for 2 Month Extension of Time to file RCE

450.00

SUBMITTED BY

Signature	<i>Carl A. Giordano</i>	Registration No. (Attorney/Agent) 41,780	Telephone 9147988505
Name (Print/Type)	Carl A. Giordano		Date January 20, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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